

## HHS Privacy Impact Assessment (PIA)

Date of this Submission (MM/DD/YYYY): **11/18/2003**

HHS Agency (OPDIV): **CMS**

Title of System or Information Collection: **Regional Offices**

**Is this System or Information Collection new or is an existing one being modified?** Existing

**Identifying Numbers (Use N/A, where appropriate)**

Unique Project Identifier Number: **N/A**

System of Records Number: **N/A**

OMB Information Collection Approval Number and Expiration Date: **N/A**

Other Identifying Number(s): **N/A**

### Description

1. Provide an overview of the system or collection and indicate the legislation authorizing this activity.

**The CMS Regional Offices (RO's) serve as the front line for the agency's program operations (Medicare, Medicaid, State Children's Health Insurance, etc.). They are the normal primary point of contact for communications with CMS' beneficiaries, providers, contractors, state agencies, and business partners. Regional Office personnel perform a wide range of duties that support CMS' payment, quality, and outreach responsibilities.**

2. Describe the information the agency will collect and how the agency will use the collected information. Explain how the data collected are the minimum necessary to accomplish the purpose for this effort.

**The IT infrastructure within the RO's provides local support for the activities described above. The RO's do not collect information. They provide liaison support between the Government and CMS' beneficiaries, providers, contractors, state agencies, and business partners.**

3. Explain why the information is being collected.

**N/A**

4. Identify with whom the agency will share the collected information.

**N/A**

5. Describe how the information will be obtained, from whom it will be collected, what the suppliers of information and the subjects will be told about the information collection, and how this message will be conveyed to them (e.g., written notice, electronic notice if a web-based collection, etc.). Describe any opportunities for consent provided to individuals regarding what information is collected and how the information will be shared.

**N/A**

6. State whether information will be collected from children under age 13 on the Internet and, if so, how parental or guardian approval will be obtained. (Reference: Children's Online Privacy Protection Act of 1998)

**N/A**

7. Describe how the information will be secured.

**N/A**

8. Describe plans for retention and destruction of data collected.

**N/A**

9. Identify whether a system of records is being created under section 552a of Title 5, United States Code (the Privacy Act), or identify the existing Privacy Act system of records notice under which the records will be maintained.

**N/A**

**Endorse**

\_\_\_\_\_/s/\_\_\_\_\_  
J. Ned Burford  
CMS Privacy Officer

Date \_11/21/2003\_\_\_\_\_

**Endorse**

\_\_\_\_\_/s/\_\_\_\_\_  
Timothy P. Love  
Chief Information Officer

Date: 11/21/2003\_\_\_\_\_

**Approve**

\_\_\_\_\_/s/\_\_\_\_\_  
Thomas A. Scully  
CMS Administrator

Date: \_\_11/21/2003\_\_\_\_\_